H. J. RES. 13

Expressing the sense of Congress regarding the need for a White House Conference to discuss and develop national recommendations concerning quality of care in assisted living facilities in the United States.

IN THE HOUSE OF REPRESENTATIVES

February 7, 2001

Mr. Stark (for himself, Mr. Waxman, Mr. Coyne, Mr. Frost, Mr. Lantos, Mr. George Miller of California, Ms. Schakowsky, and Mr. Strickland) introduced the following joint resolution; which was referred to the Committee on Energy and Commerce

JOINT RESOLUTION

Expressing the sense of Congress regarding the need for a White House Conference to discuss and develop national recommendations concerning quality of care in assisted living facilities in the United States.

Whereas assisted living is a growing and popular long-term care option for our Nation's seniors;

Whereas assisted living may be defined as a special combination of housing, supportive services, personalized assistance, and health care designed to respond to the individual needs of a resident who requires help with the activities of daily living in a way that promotes maximum dignity and independence for the resident;

- Whereas the resident capacity in assisted living facilities is estimated to range from 800,000 to 1,500,000;
- Whereas while over 85 percent of assisted living services are privately funded, there is a growing trend towards using public funding, for example the use of Medicaid's Home and Community-Based Services waiver increased 29 percent between 1988 and 1999;
- Whereas the demand for assisted living facilities is expected to grow even more rapidly as the projected number of elderly in need of long-term care doubles over the next 20 years;
- Whereas while all States have laws and regulations that encompass assisted living facilities, the definition and philosophy of assisted living services varies across the country;
- Whereas 21 States do not have a licensing category, law or regulation that specifically uses the term assisted living;
- Whereas assisted living facilities represent many arrangements, ranging from housing residences to facilities that provide skilled care through contracts with outside licensed entities such as home health agencies, rehabilitation agencies, hospice programs, or other skilled medical service providers;
- Whereas a 1999 General Accounting Office report found that 25 percent of surveyed facilities were cited for five or more quality of care or consumer protection violations during 1996 and 1997, and 11 percent were cited for 10 or more problems;
- Whereas although assisted living facilities are promoted to consumers as places for "aging in place," only 15 States require resident agreements to describe criteria for ad-

- mission, discharge, or transfer even though assisted living facilities are promoted to consumers as places for "aging in place";
- Whereas almost half of all States reported that problems with medications in assisted living facilities occurred frequently or very often;
- Whereas in a separate study the Institute of Medicine found that medication-related errors account for a substantial number of deaths among inpatients in hospitals;
- Whereas States reported that staff quality, sufficient staff, and inadequate care received the next highest number of complaints after medication issues, but there is little consistency in regulations of these areas;
- Whereas some State laws or regulations specify which and how many staff must be on duty in assisted living communities at all times, while other States have no such laws or regulations;
- Whereas all States need to enforce sufficient staffing laws or regulations that provide an adequate level of care to meet the actual and assessed needs of each resident;
- Whereas approximately 20 percent of States do not require background checks for assisted living facilities and their employees;
- Whereas each State has different regulations and oversight, leading to unequal quality of care and consumer protections in various regions of the country, for example, in regulating care in assisted living facilities for Alzheimer's disease patients, some States have requirements in the areas of training, staffing, activities, and environment while others have no requirements in these areas;

- Whereas not all States extend the long-term care ombudsman's role to include assisted living residents;
- Whereas the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and CARF, the Rehabilitation Accreditation Commission, recently released assisted living standards, but accreditation is voluntary;
- Whereas many lessons have been learned from the development of national nursing home quality standards;
- Whereas policymakers, industry stakeholders, and consumers must work together to strengthen quality and safety standards in assisted living facilities before abuses, like those that took place in nursing homes, become commonplace in this newer long-term care setting; and
- Whereas a Senate Special Committee on Aging hearing discussed the crucial role of assisted living in long-term health care, raised concerns about, and challenged the industry to improve, the quality of care and consumer education, and enhance affordability in assisted living facilities: Now, therefore, be it
 - 1 Resolved by the Senate and House of Representatives
 - 2 of the United States of America in Congress assembled,
 - 3 That—
 - 4 (1) the President, in conjunction with the Sec-
 - 5 retary of Health and Human Services and the Sec-
- 6 retary of Housing and Urban Development, should
- 7 convene a conference to study quality of care issues
- 8 and develop national recommendations for ensuring
- 9 consumer protections in assisted living facilities in
- 10 America;

(2) the Secretary of Health and Human Serv-
ices should issue a report based on the findings of
this conference, including recommendations con-
cerning quality of care in assisted living facilities
and any gaps in research that should be filled; and

(3) this conference should be convened within 1 year, and the report based on the conference should be issued in no more than 6 months after the completion of the conference.

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